

Health Department, City of Baltimore.

Permit No. 99220 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Athen Byrne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltic City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

fifteen

In water off Chest Point

Cause of Death, { First (Primary), Second (Immediate), }

Accidentally Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Apr. 14th 1887

E. H. Rutherford

M. D.

{ Undertaker, G. Grimes

{ Place of Business, G. Grimes & W. J. Wolf, Address,

Coroner

403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

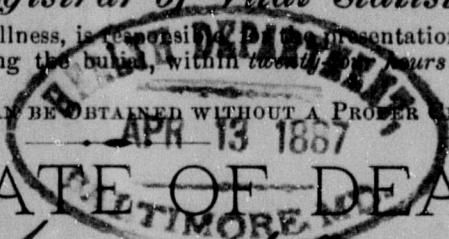
[OVER.]

Health Department, City of Baltimore.

Permit No. 99221 Office of Registrar of Vital Statistics. Ward 3 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Plaerima

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 12 W. Dallas

Cause of Death, { First (Primary), } Cowpox

{ Second (Immediate), } Cowpox

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1887

Undertaker, William Dingley

Place of Business, 153 East St

Wm W. Shire M.D.

Medical Attendant.

Address, 1438 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 99222 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

12th April 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward C. Leahy

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3

Years,

6

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltw City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. }

No 6 Curley st

Cause of Death, { First (Primary),

Second (Immediate),

Cere-Spinal Meningitis

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, April 14th 1889

Undertaker, James P. Payne

Place of Business, No 69 B. Grant A. Address,

E. J. Williams M. D.

Medical Attendant.

2826 Elliott

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[over]

Health Department, City of Baltimore.

Permit No. 99223 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 13, 1887.

Full Name of Deceased, Ada Harken

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female

Cross out the word not required in this line.

Age, 5 Years, 9 Months, Days

Color, C

Married, Single, Widow or Widower, Single

Cross out the words not required in this line.

Occupation, Baltimore, Md.

Birth Place, Baltimore, Md.

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, 221 W Garrettton Ave.

Give Street and Number.

Cause of Death, Scarletina

First (Primary).

Second (Immediate).

Favaemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Harrisonville

Date of Burial, April 14th 1887

Undertaker, W. Cadogan

Medical Attendant.

Place of Business, 227 Mulberry Street, Address, 93 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 99224 Office of Registrar of Vital Statistics. Ward 3 1/2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Doyle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give Street and Number. } 91 S. Castle St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness,

2 Years

All the above information should be furnished by the Physician.

Place of Burial, City Cross Cemetery

Date of Burial, Apr 14 1884

Undertaker, A. McGuiness

Place of Business, N. Central Ave Address, Englewood

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

W. Roberts Inspector

Health Department, City of Baltimore.

Permit No. 99225 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Full Name of Deceased, { Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Hotel

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 14th 1887

{ Undertaker, Daniel Flynn }

{ Place of Business, 42 E. West St. }

Address, 115 Orange

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99226 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret S. Rhodes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, 3 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 1506 Charles

Cause of Death, { First (Primary), Second (Immediate), } Purpured Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Belts Cemetery

Date of Burial, April 15 1887

Undertaker, Charles Cook M. D. Medical Attendant.

Place of Business, 715 Light Address, 578 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99227 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 13th 1887Full Name of Deceased, Infant Brown
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Abraham Brown (Father)

Age, Years, Months, 2 Days

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Balt. Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lifetime

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1213 Raborg st

Cause of Death, { First (Primary),
Second (Immediate), } Spasm
Spasms
2 days

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, Apr 14 1887

{ Undertaker, William Dungee } Son M. D.

{ Place of Business, 150 East St } Address, 1209 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 99328

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 13. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Milburn.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, { Give street and number } 1028 N. Eutaw St.

Cause of Death, { First, (Primary) Bronchitis. } { Second, (Immediate) Asthma. }

Duration of last Sickness, Three months.

All the above information should be furnished by the physician.

Place of Burial, Broomes Wh. St. Margs Co. Md.

Date of Burial, April 15-87 James Brown M. D.

Undertaker, J. W. Weaver

Place of Business, 728 N. Eutaw

Medical Attendant,

Address, #1216 John St.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS

4635 Transl.

[G.W.M.]

Health Department, City of Baltimore.

Permit No. 99229

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. *D*

Date of Death,

April 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Samie Estella Gornish
Carrie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

1918 E. Phair St -

Pneumonia

Cause of Death, { First (Primary),
Second (Immediate), }

Tonsa

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, April 14th

Place of Burial, Laurel Cemetery

Undertaker, A. O. R. Bandell

Place of Business, 1608 Miller St.

Address, 1853 N B way

M. D.

Medical Attendant.

[OVER.]

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